| TECHNICIAN PERFOR   | IMANCE APPRAISAL                | REPORT        |                                  |  |
|---|---------------------------------|---------------|----------------------------------|--|
| RATEE IDENTIFICATION DATA   |                                 |               |                                  |  |
| Technician Name   | SSAN                            | Title/Series  | Series/Grade                     |  |
| Duty Location   | Rating Period                   |               |                                  |  |
| PART I. CRITICAL ELEMENTS (list no more than five)  |                                 |               | Rating (Check appropriate Level) |  |
| A.  |                                 |               | Fully Successful Unacceptable    |  |
| В.  |                                 |               | Fully Successful Unacceptable    |  |
| C.  |                                 |               | Fully Successful Unacceptable    |  |
| D.  |                                 |               | Fully Successful Unacceptable    |  |
| E.  |                                 |               | Fully Successful Unacceptable    |  |
| Performance Indicators: Check the applicable Critical Element Letter(s)  Q - Quality  |                                 |               | ALL A B C D E                    |  |
| 1. Knowledge of Field or Profession   |                                 |               |                                  |  |
| Maintains and demonstrates technical competence and or expertise in areas   | of assigned responsibility.     |               |                                  |  |
| Accuracy and Thoroughness of Work  Plans, organizes and executes work logically. Anticipates and analyzes probsolutions. Work is correct and complete.  | lems and determines appropria   | te            |                                  |  |
| Soundness of Judgement and Decisions     Assesses tasks objectively, researches and documents assignments carefully considering implications. Makes and executes timely decisions.                | y. Weighs alternative courses   | of action     |                                  |  |
| 4. Effectiveness of Written Documents Written work is clear, relevant, concise, well-organized, grammatically corrected.  | ct and appropriate to audience. | •             |                                  |  |
| 5. Effectiveness of Communications Presentation meets objectives, is persuasive, tactful and appropriate to audience. Demonstrates attention, courtesy, and respect for all other points of view. |                                 |               |                                  |  |
| 6. Timeliness of Meeting Deadlines Completes in accordance with established deadlines.  |                                 |               |                                  |  |
| 7. Effectiveness of Supervision Directs and coordinates activities of unit, assuring deadlines are met. Coach effectively, demonstrating a communicant to the work force.                         | nes, counsels, develops, and ut | tilizes staff |                                  |  |
| 8. Other (specify)  |                                 |               |                                  |  |

| T. Teamwurk  1. Participation   | ALL A B C D E   |  |
|---|---|--|
| Willingly participates in group activities, performing in a thorough and complete fa<br>team members. Seeks team consensus. | shion. Communicates regularly with  |  |
| 2. Leadership   |   |  |
| Provides encouragement, guidance and direction to team members as needed. Ac  | ljusts style to fit situation.  |  |
| 3. Cooperation  |   |  |
| Supports team initiatives. Demonstrates respect for team members, accepts the supports team decisions.                      | views of others, and actively   |  |
| 4. Other (specify)  |   |  |
|   |   |  |
| C - Customer Service  |   | ALL A B C D E  |
| Quality of Service     Delivers high quality products and service to both external and internal customers.                  | . Initiates and responds to   |  |
| suggestions for improving service.  |   |  |
| 2. Timeliness of Service Delivers quality products and services in accordance with time schedules agreed u                  | pon with customers.   |  |
| 3. Courtesy   |   |  |
| Treats external and internal customers with courtesy and respect. Customer satis  | faction is high priority.   |  |
| 4. Other (specify)  |   |  |
|   |   |  |
| PART II. PROGRESSIVE REVIEW   |   |  |
| Date of review and signature of technician and Rating Official. Six (6) on NGB 904-1. DATE                                  | month review required. This does  | s not replace the requirement to record  |
|   |   |  |
| Rating Official Signature   | Technician Signature  | !  |
| Rating Official Signature PART IIA. PROBATION REPORT  | Technician Signature  |  |
|   | Recommend Non-Retention   | on   |
| PART IIA. PROBATION REPORT  |   | on   |
| PART IIA. PROBATION REPORT  Recommend Retention   | Recommend Non-Retention   | on   |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:   | Recommend Non-Retention Technician Signature:   | on   |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:  Date Signed:                                   | Recommend Non-Retention Technician Signature:  Date Signed:  Unacceptable (Requires a                               | on<br>a summarization in the space below of<br>f additional space is needed use page |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:  Date Signed:  PART III. SUMMARY RATING         | Recommend Non-Retention  Technician Signature:  Date Signed:  Unacceptable (Requires a the basis for the rating, if | summarization in the space below of  |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:  Date Signed:  PART III. SUMMARY RATING         | Recommend Non-Retention  Technician Signature:  Date Signed:  Unacceptable (Requires a the basis for the rating, if | summarization in the space below of  |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:  Date Signed:  PART III. SUMMARY RATING         | Recommend Non-Retention  Technician Signature:  Date Signed:  Unacceptable (Requires a the basis for the rating, if | summarization in the space below of  |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:  Date Signed:  PART III. SUMMARY RATING         | Recommend Non-Retention  Technician Signature:  Date Signed:  Unacceptable (Requires a the basis for the rating, if | summarization in the space below of  |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:  Date Signed:  PART III. SUMMARY RATING         | Recommend Non-Retention  Technician Signature:  Date Signed:  Unacceptable (Requires a the basis for the rating, if | summarization in the space below of  |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:  Date Signed:  PART III. SUMMARY RATING         | Recommend Non-Retention  Technician Signature:  Date Signed:  Unacceptable (Requires a the basis for the rating, if | summarization in the space below of  |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:  Date Signed:  PART III. SUMMARY RATING         | Recommend Non-Retention  Technician Signature:  Date Signed:  Unacceptable (Requires a the basis for the rating, if | summarization in the space below of  |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:  Date Signed:  PART III. SUMMARY RATING         | Recommend Non-Retention  Technician Signature:  Date Signed:  Unacceptable (Requires a the basis for the rating, if | summarization in the space below of  |
| PART IIA. PROBATION REPORT  Recommend Retention  Rating Official Signature:  Date Signed:  PART III. SUMMARY RATING         | Recommend Non-Retention  Technician Signature:  Date Signed:  Unacceptable (Requires a the basis for the rating, if | summarization in the space below of  |

| PART IV. CERTIFICATION  |  |                    |                                  |  |  |  |
|---|--|--------------------|----------------------------------|--|--|--|
| Technicians Signature certifies review and discussion with the Rating Official. It does not indicate concurrence with the information on this form. |  |                    |                                  |  |  |  |
| Critical Elements/Performance Indicators  | Elements/Performance Indicators (Sign when established/updated)  Technician Performance Appraisal Report (Sign v |                    | t (Sign when rating is complete) |  |  |  |
|   | ·  |                    |                                  |  |  |  |
| Rating Official   | Date   | Rating Official    | Date                             |  |  |  |
| nating Official   | Date   | hating Official    | Date                             |  |  |  |
|   |  |                    |                                  |  |  |  |
| Technician  | Date   | Approving Official | Date                             |  |  |  |
|   |  |                    |                                  |  |  |  |
|   |  | Technician         | Date                             |  |  |  |
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| (Additional Remarks)  |  |                    |                                  |  |  |  |
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